

**DIVISION OF ADMINISTRATION
LA CARTE PROGRAM
CARDHOLDER ENROLLMENT FORM**

REVISED 04/27/04

☐ NEW

☐ CHANGE - CARDHOLDER ACCOUNT # _____

☐ DELETE - CARDHOLDER ACCOUNT # _____

Section I: To be completed by Cardholder:

Cardholder Name: _____ (maximum of 26 spaces)

Agency: _____ /Section: _____

Office Mailing Address: _____

City, State, & Zip: _____

Phone #: _____ E-mail Address: _____

Supervisor/Reviewer Signature: _____

Section Two: To be completed by OFSS:

Overall Card Limit: _____

Single Transaction Limit: _____ (Max \$1,000)

Number of Purchases Allowed per month: _____ (6th to 5th each month)

Spending Limit per Cycle: _____ (6th to 5th each month)

ACCOUNTING CODE: _____

*MCC Restrict / Add Codes: _____ Justification: _____

*(no changes will automatically accept state recommendations)

HIERARCHY:

LEVEL 1:	Louisiana La Carte	<u>5511616</u>
LEVEL 2:	ISIS Agencies	<u>0000001</u>
LEVEL 3:	Executive Dept	<u>0000111</u>
LEVEL 4:	_____	_____
LEVEL 5:	_____	_____
LEVEL 6:	_____	_____
LEVEL 7:	_____	_____

APPROVED BY: _____ DATE: _____

NOTE: This form is to be completed by the cardholder, approved by the supervisor/reviewer and forwarded to OFSS, with the completed cardholder agreement, for processing. Please send to OFSS, PO Box 94095, Baton Rouge, LA 70804-9095, or FAX to (225) 342-2606.

Date Application processed at OSP: _____

Submitted To Bank By: _____